

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC05I Individual Long Term Care - Nursing Home & Home Health Care</i>	<i>Sub-TOI:</i>	<i>LTC05I.001 Qualified</i>
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Filing at a Glance

Company: MedAmerica Insurance Company

Product Name: S2-363-309

TOI: LTC05I Individual Long Term Care -
Nursing Home & Home Health Care

Sub-TOI: LTC05I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: MEAM-126096208 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 42208

Co Tr Num: S2-363-309

State Status: Closed

Co Status:

Reviewer(s): Marie Bennett

Author: Lisa Culhane

Disposition Date: 04/29/2009

Date Submitted: 04/24/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: S2-363-309

Project Number: S2-363-309

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/29/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/29/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We wish to submit the enclosed advertisement filing for use in your state. See cover letter for details.

Company and Contact

Filing Contact Information

Lisa Culhane, LTC Compliance Analyst

lisa.culhane@medamericaltc.com

SERFF Tracking Number: MEAM-126096208 State: Arkansas
Filing Company: MedAmerica Insurance Company State Tracking Number: 42208
Company Tracking Number: S2-363-309
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified
Home & Home Health Care
Product Name: S2-363-309
Project Name/Number: S2-363-309/S2-363-309

165 Court Street (585) 327-6550 [Phone]
Rochester , NY 14647 (585) 238-3642[FAX]

Filing Company Information

MedAmerica Insurance Company CoCode: 69515 State of Domicile: Pennsylvania
165 Court Street Group Code: Company Type: Long Term Care
Insurance
Rochester, NY 14647 Group Name: State ID Number:
(585) 327-6522 ext. [Phone] FEIN Number: 34-0977231

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC051 Individual Long Term Care - Nursing Home & Home Health Care</i>	<i>Sub-TOI:</i>	<i>LTC051.001 Qualified</i>
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25 per advertising form * 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MedAmerica Insurance Company	\$25.00	04/24/2009	27410820

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC051 Individual Long Term Care - Nursing</i>	<i>Sub-TOI:</i>	<i>LTC051.001 Qualified</i>
	<i>Home & Home Health Care</i>		
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	04/29/2009	04/29/2009

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC051 Individual Long Term Care - Nursing</i>	<i>Sub-TOI:</i>	<i>LTC051.001 Qualified</i>
	<i>Home & Home Health Care</i>		
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Disposition

Disposition Date: 04/29/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC05I Individual Long Term Care - Nursing</i>	<i>Sub-TOI:</i>	<i>LTC05I.001 Qualified</i>
	<i>Home & Home Health Care</i>		
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Form	Plan Overview		Yes

SERFF Tracking Number:	MEAM-126096208	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	42208
Company Tracking Number:	S2-363-309		
TOI:	LTC051 Individual Long Term Care - Nursing Home & Home Health Care	Sub-TOI:	LTC051.001 Qualified
Product Name:	S2-363-309		
Project Name/Number:	S2-363-309/S2-363-309		

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	S2-363-309	Advertising Plan	Overview	Initial		0	S2-363-309 [DOI].pdf

SIMPLICITYⁱⁱ EMPLOYER PROGRAM PLAN OVERVIEW

CASH BENEFIT ACCOUNT	The Cash Benefit Account is the total amount of dollars payable under the policy, and is the Lifetime Maximum. The Monthly Cash Benefit is the amount you will receive in a single month for Community or Facility Care. Begin by choosing your Cash Benefit Account and one Monthly Cash Benefit that is right for you. If you wish, you can increase the amount you will receive in a single month for Facility Care by selecting the Enhanced Facility Benefit that corresponds with the Monthly Cash Benefit you selected.
-----------------------------	---

CASH BENEFIT ACCOUNT OPTIONS

\$100,000	MONTHLY CASH BENEFIT (2 OPTIONS) —————→ Choose: a. \$1,500 b. \$3,000*
	(Optional) Enhanced Facility Benefit \$2,000 \$4,000
\$200,000	MONTHLY CASH BENEFIT (4 OPTIONS) —————→ Choose: a. \$1,500 b. \$3,000 c. \$4,500 d. \$6,000*
	(Optional) Enhanced Facility Benefit \$2,000 \$4,000 \$6,000 \$8,000
\$300,000	MONTHLY CASH BENEFIT (4 OPTIONS) —————→ Choose: a. \$3,000 b. \$4,500 c. \$6,000 d. \$7,500
	(Optional) Enhanced Facility Benefit \$4,000 \$6,000 \$8,000 Not Applicable
\$500,000	MONTHLY CASH BENEFIT (3 OPTIONS) —————→ Choose: a. \$4,500 b. \$6,000 c. \$9,000
	(Optional) Enhanced Facility Benefit \$6,000 \$8,000 Not Applicable

* Shared Care Rider is not available with these combinations.

ELIMINATION/BENEFIT WAITING PERIOD (EP)	The Elimination/Benefit Waiting Period is the number of calendar days you choose to wait after you are determined chronically ill before your Benefits are payable. Options include: 30 days • 60 days • 90 days • 180 days
PAYMENT OPTIONS	You can pay premiums each year for life, pay up in a shorter period of time, or pay up by a certain age. Options include: Lifetime • 10 Pay • Paid Up at Age 65 (Not available after age 55)

OPTIONAL RIDERS

INFLATION/BENEFIT INCREASE	If you choose to add an Inflation/Benefit Increase Rider to your policy, you can increase your Cash Benefit Account and Monthly Cash Benefit to protect against the anticipated increases in the cost of long term care. Options include: None • 5% Simple • 3% Compound: No Max • 5% Compound: 2X Max • 5% Compound: No Max
NONFORFEITURE OPTIONS	The Shortened Benefit Period assures that any premiums paid are available to use as benefits even if your policy lapses after being in force for at least 3 years. Return of Premium (return of premiums minus benefits paid) and Full Return of Premium (return of all premiums regardless of benefits paid) options guarantee premiums paid will be returned in the event of your death.
RESTORATION OF BENEFITS	If a period of 180 days elapses in which you are not chronically ill, we will restore your policy's Cash Benefit Account to what it would have been had no benefits been paid.
JOINT BENEFITS Care Partners can share benefits when both purchase these riders.	Survivor Benefit: If this rider has been in effect for 10 years and one Care Partner dies, the remaining Care Partner pays no further premiums. Shared Care: If you exhaust your Cash Benefit Account you can, with your Care Partner's consent, use their Cash Benefit Account. Partners must reserve at least 24 months of benefits on the other's policy. If one Care Partner dies, the survivor assumes the deceased's remaining Cash Benefit Account as long as appropriate premiums are paid. Both Care Partners must purchase identical benefits. Shared Waiver: When the premiums are waived for on Care Partner, they are waived for both.

Options and Riders vary by state. Please consult your Outline of Coverage.

<i>SERFF Tracking Number:</i>	<i>MEAM-126096208</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MedAmerica Insurance Company</i>	<i>State Tracking Number:</i>	<i>42208</i>
<i>Company Tracking Number:</i>	<i>S2-363-309</i>		
<i>TOI:</i>	<i>LTC051 Individual Long Term Care - Nursing Home & Home Health Care</i>	<i>Sub-TOI:</i>	<i>LTC051.001 Qualified</i>
<i>Product Name:</i>	<i>S2-363-309</i>		
<i>Project Name/Number:</i>	<i>S2-363-309/S2-363-309</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MEAM-126096208	State:	Arkansas
Filing Company:	MedAmerica Insurance Company	State Tracking Number:	42208
Company Tracking Number:	S2-363-309		
TOI:	LTC051 Individual Long Term Care - Nursing Home & Home Health Care	Sub-TOI:	LTC051.001 Qualified
Product Name:	S2-363-309		
Project Name/Number:	S2-363-309/S2-363-309		

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter

04/24/2009

Comments:

Attachment:

MARKETING cover letter AR.pdf



Administrative Office:

165 Court Street
Rochester, NY 14647

Product Filing/Contracts Management

Tel: (800) 544-0327 x 6550

Fax: (585) 238-3675

E-Mail Address: lisa.culhane@medamericaltc.com

April 24, 2009

Jay Bradford, Commissioner
Arkansas Department of Insurance
1200 West 3rd. Street
Little Rock, Arkansas 72201-1904

RE: MedAmerica Insurance Company
Long Term Care – Sales or Advertising Literature
FORM #: S2-363-309

NAIC #: 69515 00
FEIN #: 34-0977231

Dear Commissioner Bradford:

We wish to submit the enclosed advertisement filing for use in your state. This marketing material is intended to be used as an educational tool for consumers and is intended to be marketed by licensed agents to the general public or for use as a direct response piece for the general public. This piece may be used in any medium such as a flyer, slide presentation, email, etc. The format of the piece may change depending on the medium, but the content will remain the same.

Thank you for your review of the above referenced material. Please do not hesitate to contact me if I can be of any assistance to you as you complete your review.

Sincerely,

Lisa Culhane
Compliance Analyst